## CENTRAL FAX CENTER



APR 2 6 2005 Pabst Patent Group LLP 400 Colony Square, Suite 1200 1201 Peachtree Street Atlanta, GA 30361

> Telephone (404) 879-2150 Telefax (404) 879-2160

information@pabstpatent.com www.pabstpatent.com

## TELEFAX

Date:

April 26, 2005

PABST PATENT GROUP

Total pages: 5 (including cover

sheet)

To:

USPTO

Telephone:

Telefax: 703-872-9306

From: Rivka Monheit

**Telephone:** 404-879-2152

Telefax: 404-879-2160

Our Docket No. PDC 116

Your Docket No.

Client/Matter No 078374/00002

Please call (404) 879-2150 if you did not receive all of the pages, or if they are illegible.

CONFIDENTIALITY NOTICE: This facsimile, along with any documents, files, or attachments, may contain information that is confidential, privileged, or otherwise exempt from disclosure. If you are not the intended recipient or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, printing, distribution or use of any information contained m or attached to this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by facsimile or by telephone collect at the numbers stated above, and destroy the original facsimile and its attachments without reading, printing, or saving in any manner. Your cooperation is appreciated. Thank you.

## MESSAGE:

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Solomon S. Steiner, Robert Feldstein, Per B. Fog, and Trent Poole

Serial No:

09/621,092

Art Unit:

3743

Filed:

July 21, 2000

Examiner:

Mital B. Patel

For:

Unit Dose Capsules and Dry Powder Inhaler

Transmittal Form PTO/SB/21, Fee Transmittal PTO/SB/17, Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (PTO/SB/82), and Statement Under 37 CFR 3.73(b) (РТО/SВ/96).

45056461\_1.DOC

**PDC 116** 078374/00002

Typed or printed name

			U.S	6. Patent and	Trademari	t Office; L	PTO/SB/21 (09-04) through 07/31/2006. QMB 0851-0031 J.S. DEPARTMENT OF COMMERCE
Under the Par	perwork Reduction Act of 1995	no person	s are required to respond to a Application Number	collection of in	formation	unless it	displays a valid OMB control number.
·	ANDRUTTAL			09/62			
TRANSMITTAL FORM		Filing Date First Named Inventor		July 21, 2000			
		Art Unit		Solomon S. Steiner			
			Examiner Name	3743		••	
(to be used for	all correspondence after initial	filng)		1	B. Pate	<u> </u>	<u> </u>
Total Number of	Pages in This Submission	4	Attorney Docket Number	PDC '	116		
		ENC	LOSURES (Check a	ili that appl	y)		
	smittal Form		Drawing(s) Licensing-related Papers			Appea	Allowance Communication to TC  Communication to Board
	ee Attached		Lice ising-related mapers				eals and Interferences
Document(s)  Reply to Missing Parts/ Incomplete Application			Request for Refund  CD, Number of CD(s)  Landscape Table on CD		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  Statement Under 37 CFR 3.73(b)		
	eply to Missing Parts nder 37 CFR 1.52 or 1.53						·
	SIGNA	TURE C	F APPLICANT, ATT	ORNEY,	OR AG	ENT	
Firm Name	Pabst Patent Gro	up LLP		· ·			
Signature	Kulya D. Monthe of						
Printed name	Rivka D. Monheit	_		-			
Date	April 26, 2005			Reg. No.	Reg. No. 48,731		
I hereby certify th sufficient postage the date shown b	at this correspondence is be as first class mail in an en	eina facsi	CATE OF TRANSMIS mile transmitted to the USF dressed to: Commissioner	TO or depo	sited with	n the Un ( 1450, /	ilted States Postal Service with Nexandria, VA 22313-1450 cm
Signature	Blove						
Typed or printed (	name Carla Stone					Date	April 26, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proceas) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradamark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Multiple dependent claims

40 HP=

Extra Claims

0 x

Non-English Specification, \$130 fee (no small entity discount)

**Total Claims** 

Other:

PTO/SB/17 (12-04)
Approved for use through 07/31/2008, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004, Fees pusuant to the Consolidated Appropriations Act. 2005 (H.R. 4818),		L	Complete if Known				
			•	Application Nur	nber 0	9/621,092	
FEE TR			AL [	Filing Date	J	uly 21, 2000	
Fo	or FY 2	005	Li	irst Named Im	ventor S	olomon S. Ste	iner
Applicant claims sm	oll a plik catatur	600 97 CED (	127	Examiner Name	e A	fital B. Patel	
Applicant claims sin	an entity status	s. See 37 GPR	.21	Art Unit	3	3743	
TOTAL AMOUNT OF PA	YMENT (\$	0.00		Attorney Docke	t No. F	DC 116	
METHOD OF PAYMENT (check all that apply)							
		Money Order		L_lOther (	please identif	y):	
Deposit Account Deposit Account Number. 50-3129  Deposit Account Name: Pabst Patent Group LLP						Group LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
Charge any additional fee(s) or underpayments of fee(s)							
WARNING: Information on t	FR 1.16 and 1 bis form may be	.17 ecome public. Cre	dit card Infor			•	vida ceadlé card
information and authorization	on PTO-2038	•					7100 07007 0870
FEE CALCULATION							
1. BASIC FILING, SEA							
	FILING	PEES Small Entity	SEARC	H FEES Small Entity		ATION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Design Plant	200 200	100 100	100 300	50 150	130 160	65 80	
_	*****						
Plant	200	100	300	150	160	80	
Plant Reissue Provisional 2. EXCESS CLAIM FE	200 300 200	100 150	300 500	150 250	160 600	80 300	Small Entity
Plant Reissue Provisional	200 300 200 EES	100 150 100	300 500 0	150 250 0	160 600 0	80 300 0	Small Entite Fee (\$) 50 25

Fee (\$) Fee Paid (\$) HP = highest number of total ctaims paid for, if greater than 20 Indep. Claims Extra Claims Fee Paid (\$) 6 HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$)

Fee Paid (\$)

SUBMITTED BY Registration No. Signature Telaphone (404) 879-2152 48,731 (Attorney/Agent) Date April 26, 2005 Name (Print/Type) Rivka D. Monheit

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gestiening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

360

Multiple Dependent Claims

180

PTO/\$6/82 (09-04)

Approved for use through 11/30/2005, OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ormstion unless it displays a valid OMB control number.

**PDC 118** 

Drings vie Addentities (Net to 1995, 160 posset) and required to 19	Application Number	09/621,092	
REVOCATION OF POWER OF	Filing Date	July 21, 2000	
ATTORNEY WITH	First Named Inventor	Solomon S. Steiner	
NEW POWER OF ATTORNEY	Art Unit	3743	
AND	Examiner Name	Mital B. Patel	
CHANGE OF CORRESPONDENCE ADDRESS	Athenne Danket Number	EDC 118	

Attorney Dacket Number

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR 23579 ✓ I hereby appoint the practitioners associated with the Customer Number. Please change the correspondence address for the above-identified application to: The address associated with 23579 Customer Number: OR Firm or Individual Name Address Zip City State Country Telephone Fax I am the: Applicant/inventor. Assignee of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3,73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Telephone Date NOTE: Signatures of all the inventors of essignass of record of the entire interest of their representative(e) are required. Submit multiple forms if more than one algnature is required, see below. "Total of forms are submitted.

This collection of information is required by ST CFR 1.36. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/96 (09-04) Approved for use through 07/31/2006. OMB 9851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Solomon S. Steiner, Robert Feldstein, Per B. Fog, and Trent Poole
Application No./Patent No.: 09/621,092 Filed/Issue Date: July 21, 2000
Entitled: UNIT DOSE CAPSULES AND DRY POWDER INHALER
Mannkind Corporation a corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is:  1.  the assignee of the entire right, title, and interest; or
an assignee of less than the entire right, title and interest.     The extent (by percentage) of its ownership interest is%
In the patent application/patent identified above by virtue of either.
An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.  OR
B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:
Solomon S. Steiner, Robert Feldstein,  1. From: Per B. Fog, and Trent Poole  To: Pharmaceutical Discovery Corporation
The document was recorded in the United States Patent and Trademark Office at Reel 011114 Frame 0216 or for which a copy thereof is attached.
From: Pharmaceutical Discovery Corp. To: Mannkind Corporation     The document was recorded in the United States Patent and Trademark Office at
The document was recorded in the United States Patent and Trademark Office at Real <u>013920</u> , Frame <u>0832</u> , or for which a copy thereof is attached.
3. From:To:To:
The document was recorded in the United States Patent and Trademark Office at  Reel Frame, or for which a copy thereof is attached.
Additional documents in the chain of title are listed on a supplemental sheet.
Copies of assignments or other documents in the chain of title are attached.  [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.
Signature Date
- Sasid Thomson
Printed or Typed Name Telephone Number
Tide

This collection of information is required by ST CFR 3.73(b). The Information is required to obtain or relain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments an the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Peternt and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.